

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 19 1957

44738

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie township				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Lees Summit	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION H-33 Lake Lotawana				Length of stay in lb 17 yrs		d. STREET ADDRESS (If outside, give location) H - 33 Lake Lotawana	
3. NAME OF DECEASED (Type or print) First Nathan Middle Last Young				4. DATE OF DEATH Month Dec. Day 3 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH October 30, 1888	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days 		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President Star Boat & Motor Co.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Chas. Young				14. MOTHER'S MAIDEN NAME Gentry			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI & II				16. SOCIAL SECURITY NO. 487-01-1878		17. INFORMANT Address Samuel Marvin Clagett H-33 Lake Lotawana	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ductal Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Breuchogenic Carcinoma DUE TO (c) 							INTERVAL BETWEEN ONSET AND DEATH 6 months 4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Adrenal Cortical Adenoma							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Feb 1953 to Dec. 3, 1957 and last saw her alive on Nov. 26, 1957 Death occurred at 9:30 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE P. R. Byers M.D.				22b. ADDRESS 4635 Wyandotte, K.C. Mo		22c. DATE SIGNED 12/5/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-6-1957		23c. NAME OF CEMETERY OR CREMATORY Mt. Washington		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Stine & McClure Und. Co. KC, Mo.				25. DATE RECD. BY LOCAL REG. 12-5-1957		26. REGISTRAR'S SIGNATURE J. B. Longford	

DEC 19 1957

VS APR 21 1960

VS MAY 1 1959

FEB 24 1958

MAR 21 1958

Op 1-5-663
11:00 AM
DEC 18 1957

DEC 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 46

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.